

WORKSHEET FOR AUTO QUOTE REQUEST – FAX TO 626-722-5921

Agent: TAKE5	INSURED		SPOUSE	
Name Of Insured				
Home Telephone No.				
Email Address:				
Garaging Address				
Mailing Address (if different)				
Property Information	Owned <input type="checkbox"/>	Rent <input type="checkbox"/>	Owned <input type="checkbox"/>	Rent <input type="checkbox"/>
Date Of Birth				
Driver's License No.				
Social Security No.				
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Occupation Or Job Title				
Work Address				
Years Driving Experience				
Vehicle Identification No. (VIN)				
With Lojack Cert	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Year Model Of Car				
Specific Description of the Vehicle (XL,DX,GT,SL, etc.) Submodel				
Any Tickets/Accidents Past 3 Years?				
Current Odometer Annual Miles				
Collision Ded Comprehensive Ded				
Other Resident				
Age Of 16-24 (Check One)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Name Of Young Driver				
Date Of Birth				
Driver's License No.				
Social Security No.				
Student Driver (Check One)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Name Of School				
Lien Holder, If Any				
Address				
Loan No.				
Telephone No.				
Current / Prior Insurance Co.				
Policy No.				
Expiration Date				

AUTO COVERAGE:

Liability: Bodily \$ _____ Ea Person \$ _____ Ea Accident Property Damage: \$ _____ Ea Accident
 Medical: \$ _____ Ea Person
 Uninsured: Bodily: \$ _____ Ea Person \$ _____ Ea Accident Property Damage: \$ _____ Ea Accident
 Rental Benefit: \$ _____ /day for \$ _____ Max Roadside Assistance: \$ _____
 Comprehensive Deductible: \$ _____ Collision Deductible: \$ _____